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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: D.A. Farias et al. Examiner: Gerald J. O'Connor
Serial No.: 09/712,584 Group Art Unit: 3627
Filed: November 14, 2000 Docket No.: SJO919990173
TITLE: REPLENISHMENT MANAGEMENT SYSTEM AND METHOD

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents, Mail Stop: AF, P.O. Box 1450, Alexandria, VA 22313-1450 on September 28, 2004.

David W. Victor

9/28/04
Date

AMENDMENT

Commissioner for Patents
Alexandria, VA 22313-1450

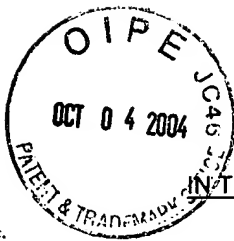
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Dear Sir:

This amendment is submitted in response to a non-final office action dated June 28, 2004 ("Fourth Office Action") following submission of a second Request for Continued Examination (RCE) in the case. The Examiner rejected all pending claims 1-69 as obvious (35 U.S.C. §103) over prior art. Applicants made amendments to certain claims to correct minor issues. Applicants traverse the prior art rejections and submit that all pending claims 1-69 are patentable over the cited art.

Amendments to the Claims are reflected in the listing of claims which begins on page 2.

Remarks/Arguments begin on page 20.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
 D.A. Farias et al.
 Serial No.: 09/712,584
 Filed: November 14, 2000
 For: REPLENISHMENT MANAGEMENT
 SYSTEM AND METHOD

Examiner: Gerald J. O'Connor

Art Unit: 3627



ASSISTANT COMMISSIONER OF PATENTS
 Washington, D.C. 20231

Sir:

Transmitted herewith in the above-identified application is an:

- ☒ Amendment 28 pages.
☒ Return Postcard.
☒ No additional fee is required.

The fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO PREVIOUSLY PAID FOR | PRESENT EXTRA RATE | ADDIT. FEE | OR | RATE | ADDIT. FEE |
|---|---|--------------------------------------|-----------------------|---------------|----|-------------|----------------|
| TOTAL | 69 | MINUS 69 | = | 0 | x | \$0 | OR x 18 \$0 |
| INDEP CLAIMS | 10 | MINUS 10 | = | 0 | x | \$0 | OR x 84 \$0 |
| _____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + | \$ | OR + 280 \$ | |
| | | | | TOTAL | | \$0 | OR TOTAL \$-0- |

- _____ Please charge Deposit Account No. 09-0466 the amount of \$_____ to cover the extension fee and also the amount of \$_____ to cover the claim fee. A duplicate copy of this sheet is enclosed.
- _____ A check in the amount of \$_____ to cover the extension fee is enclosed.
- _____ A check in the amount of \$_____ to cover the filing fee is enclosed.
- _____ A check in the amount of \$_____ to cover the petition fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0466. A duplicate of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Dated: September 28, 2004

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David W. Victor

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